2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

01-25-2005 90059 017 ***158.75

DOCUMENT # K90067 1. Entity Name MCCRORY - LAKEWOOD, INC.						01-25-2005	90059 0:	17 ***15	8.75			
Principal Place of Business 605 E ROBINSON ST SUITE 620 ORLANDO, FL 32801 US		Mailing Address 605 E ROBINSON ST SUITE 620 ORLANDO, FL 32801 US										
	Place of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005	Chg-P	CR2E0	34 (10/03)				
City & Stat	e	City & State			4. FEI Numbe 59-2952				plied For t Applicable			
Zip 32801	-2046 Country	Zip 32801-2046	Country	-	5. Certificate	of Status Desired		\$8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent	None	<u> </u>	7. Name and	Address of New R	legistered A	\gent				
MAGUIRE	, E. CORRY			Name								
605 E ROE SUITE 620	BINSON ST.	Stree	Street Address (P.O. Box Number is Not Acceptable)									
ORLANDO), FL 32801-2046											
			City				FL	Zip Cod	e			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE												
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contrit			.00 May Be led to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCGILL, G W 605 E ROBINSON ST, STE 620 ORLANDO, FL 32801	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	s 39	ORGE W. 1 030 HARBO STIS, FL		₹.	X Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MAGUIRE, E. CORRY 503 E TOPAZ WAY ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss VP				X Change	Addition			
TITLE NAME STREET ADORESS CITY-ST-ZIP	DSD MCGILL, GEORGE W III 14720 SHADOW WOOD ST. BRIGHTON, CO 80603	□ Delete	TITLE NAME Street Addre City-St-Zip	S -		·		Change _	Addition —			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	is				☐ Change	☐ Addition			
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition			
NAME STREET ADDRESS	l.	mek*	STREET ADDRE	İ								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	amska	George	M-6:CFIT	1-18-05	303-801-402-
77	SIGNATURE AND TYPED OR PRINTED NAME OF SIG	NING OFFICER OR DIRE	CTOR	Date	Daytime Phone #